



HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Lyons	Tim	L.	808-537-4308
MAILING ADDRESS (Street)			FAX
677 Ala Moana Blvd., Ste. 815			808-533-2739
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
TLC - The Legislative Center			same as above
MAILING ADDRESS (Street)			FAX
same as above			same as above
(City)	(State)	(Zip Code)	
same as above			

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Coalition of Care Home Administrators			808-833-5880
MAILING ADDRESS (Street)			FAX
98-063 Puaole Place			808-833-7898
(City)	(State)	(Zip Code)	
Aiea	Hawa Hawaii	96701	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Ron Gallegos			same as above
MAILING ADDRESS (Street)			FAX
same as above			same as above
(City)	(State)	(Zip Code)	

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology Economic Developm
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreatio
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (Indicate belo
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENT
Ron Gallegos	President

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Coalition of Care Home Administrators	808-833-5880

MAILING ADDRESS (Street)	FAX
98-063 Puaole Place	808-833-7898

(City)
Aiea

(State)
Hawaii

(Zip Code)
96701

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

(Date)